

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION
APPLICATION FOR HOME PLUS FACILITIES

PART I

The undersigned hereby applies to the Kansas Department for Aging and Disability Services for a license to operate an adult care home subject to the provisions of Kansas law.

"Applicants for adult care home licenses are reminded that K.S.A 39-938 and the Physical Environment or Construction K.A.R. for each respective adult care home require compliance with rules and regulations of the secretary of aging and the state fire marshal, and any other agency of government so far as pertinent and applicable to adult care homes, their buildings, operators, staffs, facilities, maintenance, operation, conduct, and the care and treatment of residents. To check for compliance with regulations and ordinances such as local building codes and zoning requirements, the owners and operators of adult care homes may wish to seek counsel from their attorney, architect, contractor, or other appropriate professional."

REASON (mark with "X")	<input type="checkbox"/> INITIAL	<input type="checkbox"/> CHANGE OF OWNERSHIP	<input type="checkbox"/> AMENDED
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A. Facility Name _____

Address _____

City _____ Zip (9-digit) _____ County _____

Telephone No. _____ Fax No. _____

Federal Tax ID # _____

B. Operator/Administrator Name _____

License/Registration No: _____

Operator/Administrator Email _____

C. Licensed Beds: Number of Beds _____ (*home plus 1-12 residents*)

D. Name and address of the owner of the building/premises. Submit copy of deed and completed Part II

Contact Person: _____ Telephone No. _____

E. Name and address of the business entity who rents/leases building. Submit copy of lease and complete Part II.

Contact Person: _____ Telephone No. _____

The following is the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual or organization in the operation of the facility.

Signature and Title

Print Name

Date

The fee to operate an Adult Care Home is \$100.00 plus \$30.00 for each bed. Payment shall be made payable to The Kansas Department for Aging and Disability Services. Please return completed form and payment to: Kansas Department for Aging and Disability Services, Survey, Certification and Credentialing Commission, 612 S. Kansas Ave, Topeka, Kansas 66603.

DO NOT WRITE BELOW THIS LINE

License Effective Date _____ License Number _____

License Status _____ Annual Report Due Date _____ Approved by _____

PART II

- A. Facility Name Address City/Zip
- B. Business Entity's Name _____
- C. Type of Entity ☐ 1. Sole Proprietorship ☐ 2. Partnership ☐ 3. Joint Venture
☐ 4. Corporation for profit ☐ 5. Corporation not-for-profit
☐ 6. Government – Type _____ ☐ 7. Other (explain) _____
☐ 8. Limited Liability Company
- D. Give the Resident Agent's name and address as filed/registered with the Secretary of State's Office for the business entity listed on Line B of this form. Contact the Secretary of State's Office at (785) 296-4564 to verify this information.

Resident Agent _____ Address _____

City _____ State _____ Zip _____

Complete the boxes below with the information as follows for the business entity listed on Line B above.

1. List the name(s) and address(es) of each person who has any direct or indirect ownership of 5% or more in business entity listed above.
2. List each person who is the owner (in whole or in part) of any mortgage, deed or trust, note or other obligation secured (in whole or in part) by such facility or any of the property or assets of such facility.
3. If the business entity is organized as a corporation, attach a list showing the names and addresses of each officer and director.
4. If the business entity is organized as a limited partnership or limited liability company, please describe each limited liability for each 5% owner and for all general partners.
5. If the business entity is a government unit, attach a list showing the names and addresses of each responsible official (i.e., county commissioner).

INDICATE WITH "X"					INDIVIDUAL NAME	ADDRESS	CITY	STATE
1 OWNER	2. MORTGAGOR	3. DIRECTR/OFFICER	4. LIMITED LIABILITY <i>Describe for each limited partnership and LLC the limited liability for each 5% owner and for all general partners.</i>	5. ELECTED OFFICIALS				

The following is the legal signature and title of the individual authorized to represent the governing body, corporation, partnership, joint venture, individual or organization in the operation of the facility by the business entity.

Signature and Title _____ Print Name _____ Date _____

Address _____ Phone Number _____